

02  
Hw  
A3

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	ow	32	2/2
FORMALITY REVIEW	B-E	397	02-20-01
RESPONSE FORMALITY REVIEW	MM	780	5-8-01

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	5/11/01
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
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48	✓
49	✓
50	✓

Claim	Date
Final Original	
51	✓
52	✓
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Claim	Date
Final Original	
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If more than 150 claims or 10 actions  
 staple additional sheet here

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